

Highmark West Virginia Quick Reference Guide for Ordering Physicians



Effective January 1, 2011

Highmark West Virginia has selected National Imaging Associates, Inc. (NIA) to provide radiology network management services. NIA will provide utilization management services for outpatient MR, CT, PET, Nuclear Stress (MPI), CCTA, Stress Echo and Nuclear Cardiology imaging procedures. NIA will manage the provider network and the prior authorization for **non-emergent, advanced imaging services** rendered to **Highmark West Virginia** members enrolled in Highmark West Virginia commercial health plans, including Super Blue Plus PPO, Super Blue Select Point of Service (POS), Steel, West Virginia Small Business Plan (WVSBP) and HHIC Freedom Blue Medicare Advantage Plan. The requirements will be waived for Highmark West Virginia's Traditional Indemnity product, Bluecard and the Federal Employee (FEP) program.

The following services will not be impacted by this relationship:

- Inpatient high-tech radiology services
- Emergency Room radiology services
- Urgent Care radiology services
- Ambulatory Surgical Facility radiology services
- Radiology services provided during outpatient observation
- **Highmark West Virginia** will continue to perform prior authorization of coverage for interventional radiology procedures (even those that utilize MR/CT technology)

The ordering physician is responsible for obtaining a prior authorization for advanced radiology services. It is the responsibility of the rendering facility to ensure that prior authorization/prior notification was obtained. As the ordering physician of advanced diagnostic services, it is essential that you develop a process to ensure that the appropriate authorization number(s) has been obtained. Payment will be denied for procedures performed without a necessary authorization, and the member cannot be balance-billed for such procedures

Procedures Requiring Prior Authorization *

- CT/CTA
- MRI/MRA
- PET Scan
- Nuclear Stress (MPI)
- CCTA
- Nuclear Cardiology

*A separate authorization number is required for each procedure ordered.

Procedures Requiring Prior Notification

- Stress Echo

Emergency room, observation, ambulatory surgery center and inpatient imaging procedures do not require prior authorization from NIA. If an emergency clinical situation exists outside of a hospital emergency room, you should proceed with the examination and call NIA the next business day to proceed with the normal prior authorization process.

Prior Authorization Process

In order to obtain authorizations – Highmark West Virginia requests that you generate your request by accessing Navinet web portal to proceed with the normal prior authorization process.

Information Needed to Obtain Prior Authorization

To expedite the process, please have the following information ready before logging on to NIA's Web site or calling the NIA Utilization Management staff (*denotes required information):

- Name and office phone number of ordering physician*
- Member name and ID number*
- Requested examination*
- Name of provider office or facility where the service will be performed*
- Anticipated date of service (if known)
- Details justifying the examination*:
- Symptoms and their duration (including cardiac symptoms, risk factors and related history when requesting cardiac services; cancer stage when requesting radiation therapy services)
- Physician exam findings (including findings applicable to the requested services, e.g. for cardiac services, include BMI, blood pressure, whether or not patient is a smoker, history of diabetes or hypertension, family history, etc.)
- Conservative treatment patient has already completed (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication)
- Results and/or reports of preliminary procedures already completed (e.g., X-rays, CTs, lab work, ultrasound, scoped procedures, referrals to specialist and specialist evaluation). For cardiac services, include total cholesterol, ECG results, HDL level, problems with exercise capacity and results of previous cardiac evaluation procedures (e.g. stress test, echocardiogram, catheterization, etc.)
- Reason the study is being requested (e.g., further evaluation, rule out a disorder; radiation therapy modality [initial and/or boost] when requesting radiation therapy services.)

Please be prepared to fax the following information, if requested:

- Clinical notes
- Reports of previous procedures
- Specialist reports/evaluation

Telephone Access

- Call center hours of operation are Monday through Friday, 8:30 a.m. to 5:00 p.m. EST. The toll-free number is: 1-800-344-5245 for commercial or 1-800-269-6389 for Medicare Advantage Freedom Blue.
- NIA can accept multiple requests during one phone call.

Frequently Asked Questions

In this section NIA addresses commonly asked questions received from providers

What kind of response time can ordering physicians expect for prior authorization?

The best way to increase the possibility of having a request approved is to have knowledge of the case including:

- The patient' history and diagnosis
- Reason for the study
- Findings on physical examination

- Results of previous imaging studies, and
- History of medical or surgical treatment

Approximately 70 percent of the requests are being approved *on line or* during the initial phone call. Generally, within 2 business days after receipt of request, a determination will be made. In certain cases, the prior authorization process can take longer if additional clinical information is required to make a determination.

Why is NIA asking for a date of service when authorizing a procedure? Do physicians have to obtain authorization before they call to schedule an appointment?

At the end of the authorization process, NIA asks where the procedure is being performed and the anticipated date of service. The exact date of service is not required. Physicians should obtain authorization before scheduling the patient.

Where can I find NIA's Guidelines for Clinical Use of Diagnostic Imaging Examinations?

NIA's Guidelines for Clinical Use of Diagnostic Imaging Examinations can be found on NIA's Web site at www.RadMD.com or by accessing Highmark West Virginia's website at www.msbcbs.com.

Is prior authorization necessary if Highmark West Virginia is not the member's primary insurance?

Yes. Highmark West Virginia's prior authorization requirements apply when Highmark West Virginia is the primary or secondary insurer.

What does the NIA authorization number look like?

The NIA authorization number consists of 8 or 9 alphanumeric characters (e.g., 1234X567). In some cases, the ordering physician may instead receive an NIA **tracking number** (not the same as an authorization number) if the physician's authorization request is not approved at the time of initial contact.

For how long is an authorization number valid?

The authorization number is valid for 60 days from the date of request. When a procedure is authorized, NIA will use the date of the request as the starting point for the 60 day period in which the examination must be completed.

Can I speak directly with a Clinical Reviewer or Physician (Peer-to-Peer) Level Reviewer?

Once the initial intake process is complete, you may request to be transferred to the clinical level of review. Initial intake information is necessary to determine member eligibility and to process the request.

What steps will the ordering physician take when the authorization is not given during the initial intake process? (level 1)

The case will be forwarded to NIA's clinical departments who will review the clinical information submitted. If needed, the clinical staff will request via fax, additional clinical information. This information can be faxed to NIA's dedicated clinical fax line. An ordering office might request a hot transfer to a nurse clinical reviewer (level 2) during the initial request, however, this should only be requested if the office has a clinician who can speak with NIA's nurses and who has additional clinical information that would support the requested study.

If authorization is still pending at the end of the initial call, it is not necessary for the ordering physicians' office to remain on the line. If the authorization request still does not meet clinical criteria at the nurse review level, it will be escalated to physician review (level 3). At that point, the

NIA physician may ask for more clinical information or request to have a peer discussion with the ordering physician.

If NIA denies prior authorization of an imaging study, do we have the option to appeal the decision?

Yes, through normal appeal procedures as directed in the denial letter. If a physician does not agree with the decision made by NIA, the physician should request an appeal of the decision.

Who can I contact at NIA for questions and or concerns?

To educate your staff on NIA procedures and to assist you with any provider issues or concerns, please contact your NIA Area Provider Relations Manager.

What will the member ID card look like? Will it have both NIA and Highmark West Virginia information on the card? Or will there be two cards?

The **Highmark West Virginia** member ID card will not have NIA identifying information on it. **Highmark West Virginia** will redirect calls to NIA for advanced imaging.